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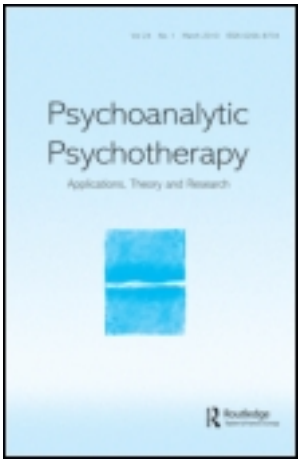

Psychoanalytic Psychotherapy
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/rpps20

Seeing, sitting and lying down: Reflections on the role of visual communication in analytic therapy

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Published online: 22 Feb 2012.

To cite this article: Jeremy Holmes (2012) Seeing, sitting and lying down: Reflections on the role of visual communication in analytic therapy, Psychoanalytic Psychotherapy, 26:1, 2-12, DOI: 10.1080/02668734.2011.652658

To link to this article: http://dx.doi.org/10.1080/02668734.2011.652658

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Psychoanalytic Psychotherapy,
Vol. 26, No. 1, March 2012, 2–12

Routledge
Taylor & Francis Group

Seeing, sitting and lying down: Reflections on the role of visual communication in analytic therapy

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The paper develops the post-Winnicottian psychoanalyst Kenneth Wright's theory of the face which he sees as insufficiently theorized psychoanalytically. As compared with the breast, the face is intrinsically a vehicle for generating meaning and representation, rather than satisfying bodily need. Infants see themselves reflected back in the mother's facial expressions and this helps to build up self-representation in the child's mind's eye. Other Attachment-influenced research findings about care-giver/infant facial communication are also described: partial contingency, triangulation and rupture/repair. The relevance of this to the question of chair or couch-based therapy is discussed. The discussion is illustrated by a consideration of the work of the visual artist Louise Bourgeois.

Keywords: symbolization; the face; attachment; mirroring

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Introduction

Ever since Freud's famous statement: 'I cannot put up with being stared at by other people for eight hours a day' (Freud, 1911–1913, p. 131), the face has not had much of a look-in in psychoanalysis. The aim of this paper is to redress this. Drawing on the work of Kenneth Wright (1991, 2009), a psychoanalytic thinker in the Winnicottian tradition, it explores links between the visual aspects of the parent-infant relationship, and that between clients and their therapists. By way of illustration, the argument is extended to the case of the artist Louise Bourgeois and the role of the face in her work.

The essential message of the paper is two-fold. First, that the facial expressions of the therapist communicate emotional meanings that parallel their verbal formulations, and that this needs to be more fully theorized. Second, there are analogies between parent-infant facial interactions and the analytic process itself. Understanding how parents and infants communicate feelings and meanings via facial expression throws light on the ways in which therapists help their patients to identify emotions and strengthen the sense of self.

Some components of mother-infant interaction

My starting point is the idea of infant-parent visual mirroring as the prototype for the *aesthetics of relationship*—i.e. those which entail feeling, reflection and judgement.

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ISSN 0266-8734 print/ISSN 1474-9734 online
© 2012 The Association for Psychoanalytic Psychotherapy in the NHS
http://dx.doi.org/10.1080/02668734.2011.652658
http://www.tandfonline.com

Used in this way, the term aesthetics encompasses intimate relationships, including therapy,[1] as well as public art. I shall look at four aspects of parent-infant facial communication as revealed by attachment research, each of which has implications for therapy: 'mirroring and marking'; 'partial contingency'; triangulation; and rupture/repair.

'Mirroring and marking'

Gergely & Watson's (1996) landmark paper focuses on affective sequencing between parents and infants. They identify 'contingency' and 'marking', in the context of intense mutual gaze, as the basis of mirroring sequences in which, to use Winnicott's (1971, p. 51) phrase, the 'mother's face is the mirror in which the child first begins to find himself'.

'Contingency' describes the way in which the care-giver waits before responding for the infant to initiate affective expression. Her response is then 'marked' by an exaggerated simulacrum of the infant's facial and verbal affective expression. For example, the child might be slightly down-at-mouth; the mother might then, while maintaining intense eye contact with her child, twist her face into a caricature of abject misery, saying, in high-pitched 'motherese', 'Oh, we *are* feeling miserable today, aren't we'. She thereby offers the child a visual/auditory representation of his/her internal affective state. This sets in motion the child's capacity to 'see' and 'own' feelings.

Contingency gives the child the message that s/he is an actor, a person who can initiate and make a difference to the interpersonal world in which he finds her- or him-self, and introduces him or her to the dialogic nature of human meanings. It fosters self-esteem, which depends on a sense of being able to *make one's mark* in the world. Gergely's second component, 'marking', links representation (initially in the mother's face, then re-represented in his own mind) to the child's own actions and internal feelings, while 'tagging' that these are his/hers, not the mother's, feelings. Dialogic and interactional, this process signals the presence of a (m)other with whose help feelings can be named, mentalized, modulated and regulated. Facial mirroring provides a proto-linguistic envelope with soothing, affect-regulating, self-esteem-enhancing, properties.

Further analysis of these early communicative sequences suggests an interactive cascade (c.f. Holmes, 2009) which include: (a) *affect expression* on the part of the child; (b) *empathic resonance* on the part of the mother, able to put herself into the child's shoes; (c) *affect regulation* in that the parent tends to up-regulate or down-regulate the child's mood (stimulating a bored child, soothing a distressed one); (d) mutual pleasure and playfulness, or, to use Stern's (1985) term *enlivenment*; and (e) *exploratory play*/companionable interaction (Heard & Lake, 1997).

Building on kindred observations, Wright (2009) argues that, unlike other body parts, the face becomes the child's first *symbol,* in the sense that facial expression is inherently symbolic or representational as opposed to concrete and

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physical.[2] The mother's face represents the infant's feelings even though they are spatially separate. They are a *re-presentation* of those feelings, and when internalized (i.e. 'reintrojected') by the child, that representation helps him or her build up a picture, distinguishable from the felt feelings themselves, of the Self and its inner world. This nascent inner world, brought into being through an external relationship, contains within it a self-other polarity that enables the child to begin to think about feelings, initially his own, later those of others; in other words, to mentalize (Allen & Fonagy, 2006).

The face is thus, to begin with at least, different from traditional psychoanalytic objects of interest—mouth, breast, genitals, anus, hands. These parts' existence and usage is concrete: the mother puts her breast to the baby's mouth, strokes the baby's limbs, cleans its bottom, whereas her facial expressions (fleeting, as the phrase goes, and therefore dynamic) are not things-in-themselves; their quality is different in that their sole use is their capacity to communicate affective *meanings*.[3] As Wright puts it:

> the infant discovers himself in his other's response and … finds in the medium of her face an external form for his own feeling. (Wright, 2009, p. 143)

Wright's model suggests that when we listen to a patient and make a comment, or, when as patients we dare disturb the receptive universe of the consulting room with our feelings, we draw on infantile experience of an aligned relationship with an attuned other, able through the medium of facial expression, to reflect back our inner world. In each case there is a move from isolation to dialogue. In this way the mirroring 'leapfrogging' (Malan, 1979) of the analyst 'over' the patient's utterance is carefully gauged—neither too far nor too close—so as to encourage another leap forward and so on.

Partial contingency

When mothers mirror their infant's feelings, 'marking', which is a form of exaggeration or elaboration, means that the image that the infant sees is never an exact match of his or her facial expression. It is partial, not a complete contingency, a rhyme, not a replica. Up to three months, infants selectively chose total contingency when offered a choice of visual feedback (Fonagy, Gergely, Jurist, & Target, 2002). At this stage the child is still mapping the body representation, where total contingency, e.g. between hand movements and the movement of an image across the visual field, is the rule. However, over the age of three months, when offered a choice between watching conventional ('total contingency') mirror, or one that subjects their movements to a time lag, infants tend to select the latter (Fonagy et al., 2002), presumably because it represents novelty and interest.

In a comparable auditory mirroring study of four month-old infants (Jaffe et al., 2002), Beebe and her colleagues showed that both high and low contingency was more likely to lead to insecure attachment classification at one yr than mid-range, or partial contingency. Mothers who could play comfortably with their children's

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vocalizations in jazz-like improvization around them, were more security-producing than those that mirrored them exactly, or, at the other end of the spectrum, were incapable of getting on their child's wavelength. Similarly, psychotherapy, however empathic, that merely reflects back what the patient brings without challenge or alteration, may fail to precipitate change, which depends on the continuous interplay of sameness and difference (Holmes, 2009).[4]

Triangulation

At the Gergely stage, looking/mirroring is dyadic. 'Marking' signals to the child the message 'mirror', rather than 'reality'. The mother's face is a reflective surface for the child, but not, under normal circumstances, vice versa.[5] However, as development proceeds, visual referencing and elaboration of meaning comes to encompass the outer as well as the inner world. Mother and child look together at what is 'over there'. Initially this may take the form of pointing—the child points, perhaps randomly, the mother says, 'yes, that's … Daddy, "doggie", flower, tree', etc. Thus mother gradually brings order and meaning—story and narrative—to the child's 'buzzing booming' world of sensation.

Cavell (2006), a philosopher and psychoanalyst, theorizes this process using the concept of 'triangulation'. From a Kantian perspective, 'reality' is ineffable; it can never be directly apprehended, but is always filtered through the mind. Nevertheless, as development proceeds, the child acquires a sense of quiddity—'thing-ness'—via '*triangulated referencing*'. The baby reaches out to a cup. The mother says encouragingly, 'yes, cup'. She lets the child hold and feel and smell it. She 'references' it—they are both looking at the 'same' cup—albeit not *quite* the same since they both have their unique 'point of view'. The baby looks at the mother looking at her looking at the cup. A triangle is formed: mother-child-cup. The child 'triangulates' the reality of the cup, fixed via language, and the overlap of her own experience with that offered by the mother's imaginative identification. The security-inducing care-giver gives the message to the child that he or she has a mind, different from, but similar to, hers, and that despite differing perspectives, the cup exists, 'out there'. In psychotherapy, the 'cup' analogue is the patient's feelings, and the connections between them and his life-experience. The triangle now is patient, therapist, and the patient's story. Patient and therapist together look at fragments of experience and mentalize them: 'what did you make of that?', 'looking back how does that seem to you today?', etc.

This metaphorical mutual gaze helps to validate and bring the patient's experience to life. Most therapists (and patients) have an inherent sense of what it feels like to have a 'good session', however painful at the time it may seem. One aspect of this is the strengthened sense of consensual reality that comes from triangulation. There is aesthetic beauty in a 'good session' or a 'good interpretation', similar perhaps to that described by scientists and mathematicians when they find a satisfying equation or explanation for an aspect of the natural world.

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Rupture and repair

Rupture and repair is integral to intimate relationships (Safran & Mural, 2000). Parents and children, spouses and their partners, therapists and their patients, regularly 'get it wrong' about one another's inner states (Tronick, 1998). The mentalizing perspective requires acknowledgement of the impossibility of fully knowing another's mind, and the need to take this into account when interacting with others. However, being understood reduces anxiety, liberates vitality affects, and initiates exploration, while being *mis*understood is anxiety-augmenting and aversive, triggering withdrawal and avoidance and/or defensiveness and anger. Taking misunderstandings into account, and avoiding omnipotence are key skills for therapists. Just as security-providing mothers are able to repair lapses in attunement with their infants, so the capacity to repair therapeutic 'ruptures' is associated with good outcomes in therapy (Safran & Mural, 2000).

The face is relevant to rupture-repair in that ruptures are often communicated via facial expression. When our comments fall flat we often pick up on this via the patient's facial expression, and, in contrast to the impact of helpful comments, a diminution in the vitality of the session. Using the 'still face' paradigm, attachment researchers have looked at attachment styles in relation to the capacity of mother-infant dyads to resume affective contact following brief one-minute facial 'freezing' on the part of the mother (Crandell, Patrick, & Hobson, 2003; Tronick, 1998). Securely attached children are least disrupted by this procedure. Children with organized insecurity resort to self-soothing via looking at their own faces in the mirror when the link with mother is broken, but can generally resume contact once the break is terminated. Disorganized children are least likely to get back on track with their mothers on resumption, and most likely to resort to self-soothing often in bizarre ways such as squirming, head banging, random high-pitched screaming, etc.

Thus therapists need to be highly sensitive to client reactions to 'freezing' or discontinuities of contact, not just in relation to the normal interruptions of holidays and illness, but also in the minute-to-minute process of the session. For some clients gaze aversion is habitual: to look their therapist in the face is to open themselves to being shamed or controlled. Others seem to demand unremitting eye contact, fearing that turning away or relaxation of contact betokens abandonment.

Lying down or face-to-face?

Can we draw any implications from the discussion so far about the vexed psychoanalytic question of 'couch or chair'? This is a topic particularly relevant to public sector psychoanalytic work, where 'sitting up' as opposed to 'lying down' is the norm. Lying down is often claimed as one of the defining features of psychoanalysis as opposed to psychoanalytic or psychodynamic therapies. However, if the face of the (m)other is such an important route to self-understanding, how can the absence, or in Freud's case active avoidance, of face-to-face contact implicit in couch-based therapy be so passionately espoused?

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Within the terms of this paper a number of points arise. First, mirroring is never purely visual. Even in the absence of direct visual contact, the patient will see the therapist at the beginning and end of the session. Her tone of voice, speech rhythms, and inferred body posture (clothes rustling, chair creaking, etc.) provide a degree of reflective feedback for the patient's utterances. Second, understanding oneself and one's feelings is not necessarily enhanced by sitting in front of an actual mirror. The role of the analyst is rather that of an 'inner mirror', a quasi-disembodied presence able to comment on the sufferer's experience, a function that, if analysis is successful, will be gradually internalized by the patient.[6] Ultimately, the purpose of analytic work is to help the patient have conversations with him or herself that were previously warded-off or impossible. Following this precept, the disembodied voice of the analyst may more easily be incorporated into the expanded ego, as compared with potentially intrusive visual contact.

Third, for some, especially those who in a 'false-self' way habitually adjust their revealed feelings to those they presume are expected of them, sitting face-to-face may inhibit rather than release self-exploration. Such people are hypersensitive to the inferred expectations communicated by the therapist's face, compulsively adjusting their own expression to fit in with what they judge likely to maintain the therapist's interest or approval. In addition to his personal a-version (i.e. 'looking away from') to being gazed upon, Freud takes this as a justification for his use of the couch:

> Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions of face to give the patient material for interpretations or to influence him in what he tells me. (Freud, 1911–1913, p. 133)

Finally the neutrality and self-abnegation of the analyst, manifest in unresponsive blank-seeming facial lineaments, may be experienced by some patients—especially those traumatized by neglect—as persecutory, thereby reinforcing, rather than helping to transcend, feelings of un-mirrored emptiness. Some patients are hypersensitive to the therapist's facial expressions, ever on the look out for signs of boredom or an incipient yawn. In general, lying down seems to communicate a relaxation of control, a move from immediate problem-solving to depth exploration, a freedom to associate freely without shame or censure.

Conversely sitting up can mean greater mutual engagement, warmth, and avoidance of interminability. Thus a parallel list can be compiled in favour of face-to-face therapy, no less 'analytic' than recumbency. Some very disturbed or psychotic people may need the responsiveness of the analyst's visage to feel that they are alive. Lying down may encourage malign forms of regression or interminability rather than serving to strengthen the ego. A sitting-up analyst betokens a more active engagement with the realities of the patient's life, and for some this is a therapeutic necessity, especially in the early stages of therapy. The patient may need to feel held by the analyst's entire presence, rather than by

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what may be experienced as the impersonal strangeness of couch plus voice. The image of the analyst quietly snoozing beyond the sight-lines of a prone and abandoned patient is far from entirely fictional.

From chair to couch, and vice versa

Theoretical recognition of the importance of the face cannot be taken in a concrete way as an argument for any specific therapeutic geometry. The prime communicative role of the face is to transmit affective meanings. Since this is also the key focus for psychoanalytic work, eliminating the role of facial expression in therapy should not be taken lightly. Nevertheless, each case needs to be considered on its merits. In some situations in public service psychoanalytic work, even if only once-weekly, lying down is the arrangement of choice; in others it would be contra-indicated. In the end sitting or lying is always a matter for negotiation between therapist and patient. What matters is to explore the symbolic significance thereof, rather than adopting any specific prescriptive regimen.[7] The following contrasting vignettes attempt to illustrate this.

Betty: from chair to couch

Betty suffered from overwhelming anxiety and panic attacks for which she had been hospitalized several times. She had had numerous courses of short-term CBT to little avail, and was referred for psychoanalytic work. She spent a lot of time researching anxiety on the internet and seeking the ideal therapy for her problems. Sitting up, she engaged the therapist with gimlet eyes and a written lists of questions. In response to her imploring facial look, and despite best psychoanalytic intentions, he found it hard to evade slipping into problem-solving suggestions. After five sessions he spontaneously exclaimed: 'you are far more expert than I will ever be on methods of dealing with anxiety. My expertise lies in analytic therapy and for that I suggest that from now on you use the couch. As we go along I will be delighted to learn from you about the latest anxiety reduction techniques'. She cautiously agreed. Thereafter the culture of the sessions changed. Betty became more reflective and better able to explore her feelings of anger towards those whom she felt did not really hear her cries for help (including the therapist)—merely fobbing her off with 'solutions'—and to explore the origins of these feelings in her relationship with her parents.

Mary: from couch to chair

Mary, suffering from alcoholism and Borderline Personality Disorder had, by contrast, been in lying down therapy for two years. Progress had been made: her episodes of self-harm had ceased and she was living a more independent life than at the outset of therapy. However, after a drinking binge where she missed two sessions, the therapist found himself remembering Marx's comment on

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Feuerbach: 'philosophers have interpreted the world, the point is to change it'. He suggested that they move from couch to chair and focus more specifically on Mary's drinking and the minutiae of her lonely life. She responded positively to this, and the introduction of face-to-face contact seemed to symbolize greater warmth and engagement between them, Mary commented that she now felt the therapist really did care about her suffering, and whether or not she killed herself with drink, rather than merely 'doing his job' reclining behind her befuddled head on the couch.

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Louise Bourgeois

In the above vignettes I have tried to illustrate how the facially-derived building blocks of relationship—mirroring, partial contingency, triangulation and rupture/repair—provide an essential infrastructure of effective therapy. As a test of this conceptual framework, I now turn to a more extended 'case history', not that of a patient, but a well-known artist for whom art and therapy were inextricably entwined.

Louise Bourgeois (1911–2010), was born and raised in France, but spent most of her adult life in the USA (Herkenhoff, Storr, Schwartzman, & Goodeve, 2003). She was a painter and sculptress, installationist and, in her later years a guru on the New York scene: remaining an enigmatic figure in the world of art. Her work was confessional and autobiographical, and influenced by psychoanalytic ideas. She portrays an unhappy childhood, in which her father, mother and father's mistress lived in a *menage-à-trois*. Her parents ran a tapestry restoration business from their home, so the visual arts played a big part in Louise's upbringing, as did a premature knowledge of sexuality, and its repression. She described herself as the 'unwanted girl' in the family, and seemed to have a praeternatural awareness of vision, and of the need to turn a blind eye in order to avoid pain and maintain psychic equilibrium:

> I had to be blind to the mistress who lived with us. I had to be blind to the pain of my mother. I had to be blind to the fact I was a little bit sadistic to my brother. I was blind to the fact that my sister slept with the man across the street. (Herkenhoff et al., 2003, p. 17)

Bourgeois' art could be described as a 'blind person seeing'. Through her work she uses the reflective surface or shape of the art-object as the mirror in which she begins to identify and explore her feelings.

> the mirror, for me is not a symbol of vanity, the mirror is the courage to look yourself in the face … Sculpture and drawing are just two ways of being and knowing oneself, two ways of bearing the unbearable human condition. (Herkenhoff et al., 2003, p. 47)

If I were to summarize my 'counter-transference' feelings toward Bourgeois' work it would be that of simultaneous fascination and repulsion, not unlike the response of many people to spiders, which were a major preoccupation for Bourgeois.[8] Particularly relevant is how Bourgeois depicts the face. There are several poignant drawings of mother and baby failing to make eye contact, with

the child arching its back away from the mother in a typically insecure, resistant pattern. Many of her sculptures have missing or rudimentary faces—reminiscent of Henry Moore where the face is also relegated to a minor role while the contours and expressiveness of the body become the main vehicle of expression. It is as though the face is too terrible to behold, and this may indeed be the case where an infant has a depressed or stressed care giver, with the inevitable consequence that such children will be compromised in their ability to 'read' their own and other's emotions. As Wright puts it, quoting Peter Fuller (1980) in his account of the painter Natkin:

> the canvas surface becomes a surrogate for the good mother's face and a more reliable provider of responsive forms than the mother of infancy. (Wright, 2009, p. 144)

There is a lot of fairly explicit sex in Bourgeois' work.

> The life of the artist is the denial of sex. Art comes from the inability to seduce. I am unable to make myself be loved. (Herkenhoff et al., p. 9)

In her artistic struggles with sexuality, she exemplifies the impact on psychosexual development of impaired mirroring mutuality with a care-giver. When such face-mediated intimacy is problematic, the stage is set for masturbatory 'solutions' in which, through a species of perhaps still fairly benign self-splitting, the body and in particular the genital, becomes the missing reflective 'Other'. In boys this is straightforward in that the penis becomes the 'little man'—a separate entity providing comfort and relief and a measure of security when faced with a threatening and lonely world. For girls this process is more problematic. The questionable notion of 'penis envy' might represent in part the girl's appreciation of her brothers' ready access to a comforting surrogate pseudo-other. The grotesque sculptured erect penis, named 'La Filette' (little girl) by Bourgeois can be seen as an exploration of this theme. In her lonely misery the little girl Bourgeois *had* no penis to resort to, but she could *make* one—which, on close examination turns out to have a face; Bourgeois explains: 'if you take a look you can see two eyes on top, a sort of thin mouth below' (Herkenhoff et al., 2003, p. 191).

Conclusion

Bourgeois' work poignantly illustrates the terrible dilemma of the psychologically troubled. Without the Other's face one cannot know oneself and one's feelings, but at the same time the need for the Other exposes one to the possibility of the reliving of neglect and trauma. The resolution of this dilemma is the task of therapy, and in Bourgeois' case, her art.

For Wright (2009) the mother's face reflects back to the child his or her inner world of feelings. For Bourgeois, the art object can became a vivified 'other', or 'third', alleviating the artist's isolation and loneliness, and providing a language for her to communicate with herself. Similarly, analytic therapy takes the patient back to the fundaments of relationships and their distortions, and in doing so, with

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the reflective help of the therapist, helps with the painful task of 'facing-up' to oneself. Or, as Bourgeois might have put it, *reculer pour mieux sauter*.

Notes

1. When we say something like 'I *loved* that therapist, there was something about her face that made me feel instantly at home', or, conversely, 'so-and-so gave me the *creeps, he looked so cold and detached*'; these are, in my view, legitimate *aesthetic* judgements, transference notwithstanding.
2. The traditional Valentine's day 'heart' far more closely resembles the shape of a face —especially the universally deemed 'attractive' face with wide cheekbones and petite chin and mouth to be found in puppies, children and Hollywood stars—than it does an anatomical heart. The 'love-heart' symbolizes the *feelings* of love that arise in the chest area; the face is the vehicle by which these are *communicated* via its capacity, like the voice, for action-at-a distance.
3. Babies do of course take an interest in the face as much as other parts, and enjoy playing with their care-givers' mouths and noses and spectacles, but this, from a relational perspective, is not the primary 'purpose' of the face. The face is not there to be squidged in the way that the breast is there to give milk, the genitals to give procreative pleasure, or the anus to eliminate excreta. Faces are epistemologically different from faeces!
4. Parenthetically, the relationship between artist and her medium could similarly be described as partially contingent. An impressionist landscape has more vitality in it than a photograph, even if it is less useful than Google Earth for navigation. One tires of painting by numbers or 'colouring in'. The relationship between artist and his medium is dialogic, with the line on the page reflecting back the artist's intention, but inevitably subtly changed by the exigencies of reality. What is expressed is always something different and more than what is intended—which can be a challenge for the obsessional.
5. In disorganized attachment, the child is often used by parents as a container for *their* feelings, leading to confusion and difficulties in mentalizing.
6. Wagner's *Die Valkirie* provides a good example of the role of the Other in self-intimacy. In a highly intimate scene Wotan says to his devoted daughter Brunhilde, 'I only talk to myself when I talk to you'. That statement could be taken as a motto for psychoanalytic work.
7. However, note that McGilchrist's (2009) exploration of the differing roles of right and left cerebral hemispheres suggests that the 'face is the common mediator of two of the most significant aspects of the right hemisphere's world: the uniqueness of the individual and the communication of feeling'. Since both are central concerns of psychoanalytic psychotherapy, therapists ignores the face at their peril.
8. Her giant spider in the entrance hall of the Tate Modern Art Museum in London achieved iconic status.

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